## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

3391

Court Trenship Primary Registration District No.  Primary Registration District No.  Registrated No.  1095  Primary Registration District No.  Registrated No.  Registra	1. PLACE OF DEATH			**************************************		
Townships of the control of the cont	County	Registration District ?	No	(	File Ne	
2. FULL NAME AND ALL WITH A STATE OF CONTRIBUTION OF DECEASED, PLAN LAND LAND LAND LAND LAND LAND LAND L	Township	Primary Registration	District No	J (1.2. 1105)	Refistered No	LUSO
(I) Bestevence No. (Unab place of shoold)  Length of redden by the where death occurred 0 0 yrs.  Death of Charles on body in the where death occurred 0 0 yrs.  Death of the body in U.S. If at foreign being?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WILDOWSEN  JOHNSON, WILLIAM  JOHNSON, WILLIAM  JOHNSON, WILLIAM  JOHNSON, WILLIAM  S. IF HEREBY CERTIFY, That I glanded deceased from 19.2 of 19.2	City Altorus Tho (Na.				St	Wæd)
(I) Bestevence No. (Unab place of shoold)  Length of redden by the where death occurred 0 0 yrs.  Death of Charles on body in the where death occurred 0 0 yrs.  Death of the body in U.S. If at foreign being?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WILDOWSEN  JOHNSON, WILLIAM  JOHNSON, WILLIAM  JOHNSON, WILLIAM  JOHNSON, WILLIAM  S. IF HEREBY CERTIFY, That I glanded deceased from 19.2 of 19.2	luli allad	Wall out				
Cheral place of abode    Length of residence in city or town where death occurred VO yes, mos.	2. FULL NAME A COLOR OF THE		برو <i>ر</i>			
Length of residences in city or town where death occurred VO yrs. mos. ds.   Row long in U.S., if of foreign bibit? yrs. mos. ds.	(a) Residence. No	eskingler	~	Ward.	ident eine eite et	town and State)
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (print the word).  WALL WILL WILL WORLD OR DIVORCED (print the word).  56. If MARRIED, WIDOWED, OR DIVORCED (print the word).  57. IF MARRIED, WIDOWED, OR DIVORCED (print the word).  58. If MARRIED, WIDOWED, OR DIVORCED (print the word).  59. DATE OF BIRTH (MONTH), DAY MED YEAR) OLD (** 127)  77. AGE 6 4 YEARS 3 MONTHS 2 9 DATS II LESS than 1 day, brack occurred, on the date stated alters, st. 9. 19.2.3 to former. 19.9. If the date occurred, on the date stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 7. and that I lest sur h. Accord. alter on. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.		) yrs. mos.	ds.			_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (print the word).  WALL WILL WILL WORLD OR DIVORCED (print the word).  56. If MARRIED, WIDOWED, OR DIVORCED (print the word).  57. IF MARRIED, WIDOWED, OR DIVORCED (print the word).  58. If MARRIED, WIDOWED, OR DIVORCED (print the word).  59. DATE OF BIRTH (MONTH), DAY MED YEAR) OLD (** 127)  77. AGE 6 4 YEARS 3 MONTHS 2 9 DATS II LESS than 1 day, brack occurred, on the date stated alters, st. 9. 19.2.3 to former. 19.9. If the date occurred, on the date stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 7. and that I lest sur h. Accord. alter on. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.9. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19. III. St. 8. and the stated alters, st. 9. 19.2.3 to former. 19.				7		
Divorced (crist the word)  5. If MARRIED, WIDORD, OR DIVORCED LEVIS WOOFFL  (OR) WIFE OF ORDER OF DEATH STATES LEVIS WOOFFL  6. DATE OF BIRTH (MONTH, DAY AND YEAR) DLS   127  7. AGE D'YEARS B MONTHS LY DAY  8. OCCUPATION OF DECEASED, PLAN LEVIS I day, binded of control of the date stated above, at. S. In the CAUSE OF DEATH WAS STOLLOWS.  (a) Trick, preferation, or performs kind of work Living I grant of Indextry, business, or establishment in which employed (or complete).  (c) Name of employed (or complete).  (d) Name of employed (or complete).  (ECONDANY)  10. NAME OF FATHER LIVIN ACAULT MAPPLET  11. BIRTHPLACE (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NUMBER OF MO			<b> </b>	MEDICAL CERT	IFICATE OF DEA	\TH
HUSBAND OF NATURE JUVIS WOOFT.  6. DATE OF BIRTH (MONTH), DAY AND YEAR) DELY 1 1875. than 1 day, but of months and of months and the months a			16. DATE C	F DEATH (MONTH, DAY A	IND YEAR) AM	29 1923
13. AGE OF STATE OF COUNTRY)  15. BIRTHPLACE OF FATHER (CITY OR TOWN)  15. BIRTHPLACE OF MOTHER	male white find	oracd	11	EDEBY CERTIES	That I attended do	roused from
death occurred, on the date stated above, at.  THE CAUSE OF DEATH ** WAS AS POLLOWS:  THE CAUSE OF DEATH ** WAS AS POLLOWS:  R. OCCUPATION OF DECEASED, PLAN Water  (a) Trade, profession, or with the date of indestry, hesiness, or establishment in which employer  (b) General nature of indestry, hesiness, or establishment in which employer  9. BIRTHPLACE (CITY OR TOWN) LAWARDELL (STATE OR COUNTRY)  10. NAME OF FATHER LAWA ADARWANDLE (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. HOFGEMANT LAWARDLE (CITY OR TOWN)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. MAJOR NAME OF MOTHER (CITY OR TOWN)  17. MAJOR NAME OF MOTHER (CITY OR TOWN)  18. BIRTHPLACE OF MOTHER (CITY OR TOWN)  19. PLACE OF BURIAL CREMATION, OR REMOVAL  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAJOR NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. HOFGEMANT LAWARDLE (STATE OR COUNTRY)  15. PLACE OF BURIAL CREMATION, OR REMOVAL  16. MAJOR NAME OR MOTHER (CITY OR TOWN)  17. PLACE OF BURIAL CREMATION, OR REMOVAL  18. PLACE OF BURIAL CREMATION, OR REMOVAL  19. PLACE OF BURIAL CREMATION, OR REMOVAL  20. UNDERTAKER  ADDRESS  20. MORRITARE	SA. IF MARRIED, WIDOWED, OR DIVORCED	Mai				
THE CAUSE OF DEATH (MONTH, DAY AND YEAR) DEATH AND YEARS OF DAY.  7. AGE DY YEARS 3 MONTHS 29 DAYS ILLUSS than I day, branch or mine.  8. OCCUPATION OF DECEASED ALCAL LULATE  (a) Triede, protectasion, or winds liked of wark.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) LULAWALLE (STATE OR COUNTRY) NAME OF FATHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (	(OR) WIFE OF		<i>X /</i>		26	19.2.2., and that
THE CAUSE OF DEATH (MONTH, DAY AND YEAR) DEATH AND YEARS OF DAY.  7. AGE DY YEARS 3 MONTHS 29 DAYS ILLUSS than I day, branch or mine.  8. OCCUPATION OF DECEASED ALCAL LULATE  (a) Triede, protectasion, or winds liked of wark.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) LULAWALLE (STATE OR COUNTRY) NAME OF FATHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NAME OF MOTHER (		103-	death occurred,	on the date stated above,	a 530/	
8. OCCUPATION OF DECEASED Real telate (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) A GRANDELL STATE OR CONTRIBUTORY (SECONDARY)  10. NAME OF FATHER AND A CACAL MAPPET  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TOWN)  (STATE OR COUNTRY) A GRANDELL STATE (CITY OR TO	6. DATE OF BIRTH (MONTH, DAY AND YEAR) Delt / C	125	THE C	CAUSE_OF DEATH* WAS		•
8. OCCUPATION OF DECEASED (UCAL ESTATE)  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employer  9. BIRTHPLACE (CITY OR TOWN) LYMINVILLE  (STATE OR COUNTRY)  10. NAME OF FATHER NTH Adam Magfett  11. BIRTHPLACE OF FATHER (CITY OR TOWN).  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NELLULLY  13. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) NELLULLY  (STATE OR COUNTRY) NELULLY  (STATE OR COUNTRY) NELLULLY  (STATE OR COUNTRY) NELLULLY  (STATE OR COUNTRY) NELLULLY  (STATE OR COUNTRY) NELLULLY  (STATE	7. AGE DJ YEARS 3 MONTHS 29 DAYS		l .	Brough	o- Prem	nonia
8. OCCUPATION OF DECEASED RULL ESTATE  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER LOTA adam Magfett  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (Signed)  14. INFORMANT  15. INFORMANT  16. MAGGET BURGAN  17. PLACE OF BURGAL, CREMATION, OR REMOVAL  (Address) Mallian  18. PLACE OF BURGAL, CREMATION, OR REMOVAL  (Marting)  19. PLACE OF BURGAL, CREMATION, OR REMOVAL  (Marting)  19. PLACE OF BURGAL, CREMATION, OR REMOVAL  (Marting)  19. PLACE OF BURGAL, CREMATION, OR REMOVAL  (Marting)  (Mart					••T••••••••••• <b>•f•••</b> • <del>•</del> •••••	
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employer  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR		<u> </u>	111. 11. 11	· L	**********	*****************************
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) JULISTICAL (STATE OR COUNTRY)  10. NAME OF FATHER WAS Adam Waffett  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. MAIDEN AND OR REMOVAL  (Address)  16. MAIDEN AND OR REMOVAL  (Address)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  18. WHERE WAS DISEASE COUTRACTED  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  (STATE OR COUNTRY)  (STATE	8. OCCUPATION OF DECEASED/CLAR WHAT	C	10/1	<u>"</u>	***************************************	
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) LANGEVILLE (STATE OR COUNTRY)  10. NAME OF FATHER AND AGAIN MAPPLET  (STATE OR COUNTRY) NAME (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) NEUTLING  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) NEUTLING  (STATE OR COUNTRY		75000	162		(duration)	/O de
(c) Name of employed (or employer)  9. BIRTHPLACE (CITY OR TOWN). LUMINOUS (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN).  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN).  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) RELECTED  13. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) RELECTED  14. INFORMANT. W. G. MATCHER OF LATER (CITY OR TOWN).  (STATE OR COUNTRY) RELECTED  15. PLACE OF BURIAL CREMATION, OR REMOVAL.  (Address) MALLIA TOWN MO.  16. MATCHER OF LATER (CITY OR TOWN).  (STATE OR COUNTRY) RELECTED  17. PLACE OF BURIAL CREMATION, OR REMOVAL.  (Address) MALLIA TOWN MO.  18. WHERE WAS DISEASE COUTRACTED  19. PLACE OF BURIAL CREMATION, OR REMOVAL.  (Address) MALLIA TOWN MO.  10. NAME OF ATHER (CITY OR TOWN).  (STATE OR COUNTRY) RELECTED  11. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) RELECTED  12. MAIDEN NAME OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) RELECTED  14. INFORMANT. W. G. MATCHER OF BURIAL CREMATION, OR REMOVAL.  (Address) MALLIA TOWN MO.  15. LINE OF BURIAL CREMATION, OR REMOVAL.  16. MATCHER OR COUNTRY) ADDRESS  26. UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS		<i>y.</i>	CONTRIBUT	nov Loss	ilit.	·
which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)			(SECONDAR		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. BIRTHPLACE (CITY OR TOWN)					(duration)2	
9. BIRTHPLACE (CITY OR TOWN) LANGUILLE (STATE OR COUNTRY)  10. NAME OF FATHER (LITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (SYATE OR COUNTRY) RELECTION  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (SYATE OR COUNTRY) RELECTION  (SYATE OR COUNTRY) RELECTION	(c) Name of employer		18. WHERE	AS DISPASE CONTRACTED		
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## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Helath Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old ago," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorphage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.